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SHROPSHIRE EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE



REPORT

OF THE

Principal School Medical Officer

1967



COUNTY HEALTH DEPARTMENT, SHIREHALL, SHREWSBURY

MAY, 1968



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To The Chairman and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Principal School Medical Officer for 1967.

The School Health Service has been in existence as a separate statutory medical service for 59 years; during this time the work has developed along two main lines.

Firstly the welfare of the fit child. We are concerned with the 'total child', his home background, his adaptation to school life, his acceptance of the school environment (both physically and psychologically) and his academic progress.

Secondly the welfare of the handicapped child. This aspect of the service is occupying an increasing proportion of the time of our medical officers.

In connection with the care of handicapped children, I commend for your reading page 15. This has been contributed by the Principal of the Katharine Elliot Nursery School and emphasises the specialised provision that is made for children suffering from a variety of handicaps. The Katharine Elliot School is an assessment, observation, treatment and educational centre. The harmonious way it is run as a joint venture between the Education and Health Departments typifies the spirit of co-operation that exists at all times between the staff of these two Departments.

To turn to the other end of the school age scale, the Report of the British Council for the Rehabilitation of the Disabled on "The Handicapped School Leaver", published in 1964, dealt with the needs of the physically and mentally handicapped school leavers. One of their recommendations was that the guidance given to a handicapped child due to leave school should follow consultation between the Youth Employment Service and all other interests concerned, and should embrace the widest possible range of alternative courses. This is a practice which has been carried out in Shropshire for some years and reference is made on page 16 to the After-Care Committee which meets to co-ordinate the efforts of all those interested in the cases under consideration; these usually include the Education, Children's, Health and Welfare Departments, the Ministry of Labour's Rehabilitation and Youth Employment Service, together with voluntary organisations as required. It is pleasing to report that most of these handicapped school leavers are adequately placed following discussion of their needs by the Committee.



Consideration has been given to changing the method of selecting children for their intermediate school medical inspection. School children are routinely medically examined on three occasions during their school life. At school entry, when approximately 14% of all entrants are found to have defects, excluding dental defects. Some of these children are not receiving treatment and as the defects may affect the child's educational progress it is vital that they should be diagnosed and treated as soon as is practicable. At 11 years of age, and a school leavers' examination at approximately 14 years. The latter forms a valuable link with the Youth Employment Service.

School children have been examined on this basis since the inception of the School Health Service. Now with the interested approval of the Department of Education and Science some authorities are varying this set procedure. The routine intermediate medical examination at 11 is being replaced with a selective type of examination. Children are selected for examination on the basis of a questionnaire—usually completed by the parents. They are then examined for a specific reason and not because they have attained a certain age. It brings the parents, teachers and school health staff closer together and focusses their attention on the children most in need of medical advice and help. It makes the work of the school doctor more interesting and vital; and it may well quicken research by the school health service into the problems of child health and educational retardation that still confront us.

A pilot scheme using a questionnaire has been started in the Bridgnorth area. Results are not yet available for a full assessment but if experience elsewhere is reliable, it should prove to be an interesting and useful development of the service.

An extension of the School Health Service in 1967, which is worthy of note, is the inception of foot inspections, by the County Chiropodists, of children in secondary schools. Initially, the chiropodists will be looking for veruccas and other infections of the feet. Arrangements have been made with the Local Medical Committee for school children diagnosed as suffering from verucca to receive treatment by the chiropodists at school and in clinics. This is an extension of the service which I think will develop. In the future I trust it will be possible to deal more adequately with all school children and advise them on the type of shoes which should be worn and on foot hygiene.

During the year a consultative medical service was made available to Colleges of Further Education in the County. The Principals of the three Colleges which participated, distributed leaflets, prepared in the Health Department, to all their students, both full and part-time. An invitation was extended in this way for them to discuss in confidence with a medical officer any problems they might have, including those connected with alcohol, tobacco, drugs, relations with the opposite sex and personal relationships of all kinds. Special interviews were arranged by appointment for those students requiring help.

The report of the Principal Dental Officer refers to the advantages of fluoridation. The addition of fluoride to the water supplies is a measure which is widely recognised and enthusiastically supported by such authoritative bodies as the Ministry of Health, the British Medical Association and the British Dental Association but which still arouses opposition from a highly vocal minority. In the debate on fluoridation in the House of Lords in 1966 many common allegations against the procedure were rebutted and it was described as a beneficent long-term measure with no practical substitute.

If we are to make any impression on the situation which appertains at present where a high proportion of school entrants have up to five carious teeth each, it is essential that parents and children should be reminded of the benefits of regular dental hygiene.

I would like to thank all those who have made contributions to this report and to all members of the staff whose enthusiasm and ability contribute so greatly to the success of the School Health Service. It should be recorded that Dr. N. V. Crowley, our Senior Medical Officer, left us in June to take up another appointment in County Durham; she was a very active member of the team and our good wishes go with her.

I would like to take this opportunity to thank the members of the Education (School Health and Welfare) Sub-Committee and the Education Committee for their co-operation throughout the year.

I have the honour to be

Your obedient Servant,

PHILIP C. MOORE,

PRINCIPAL SCHOOL MEDICAL OFFICER.

County Health Department
The Shirehall
Abbey Foregate
SHREWSBURY

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MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer:

PHILIP C. MOORE, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H.

Deputy Principal School Medical Officer:

*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officer:

NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M., D.P.H. (Resigned 30th June, 1967)

School Medical Officers:

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H. (part-time)
 AGNES D. BARKER, M.B., Ch.B. (part-time)
 *JOHN BURROWES, M.B., B.Ch., B.A.O., D.P.H.
 *ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
 ELIZABETH J. CARTER, M.B., B.S. (part-time)
 *KENNETH CARTWRIGHT, M.B., Ch.B., D.P.H. (Resigned 12th March, 1967)
 BARBARA J. CAWTHORNE, M.R.C.S., L.R.C.P. (part-time) (Appointed 31st March, 1967) (Resigned 2nd May, 1967)
 SHEILA M. G. CROSLAND, M.B., B.S. (part-time)
 MARGARET DAVIES, M.B., Ch.B. (part-time) (Appointed 17th August, 1967)
 JOAN B. DEACON, M.R.C.S., L.R.C.P. (part-time) (Resigned 30th June, 1967)
 MOIRA FORDYCE, M.B., Ch.B. (part-time) (Appointed 12th October, 1967) (Resigned 13th December, 1967)
 ISABELLA L. H. HEWLETT, M.D., B.S., M.R.C.P., M.R.C.S. (part-time)
 JOHN C. HINCHLIFFE, M.B., Ch.B., D.P.H. (Appointed 14th August, 1967)
 *KENNETH E. JONES, M.B., Ch.B., D.P.H.
 IONA LLYWARCH, M.R.C.S., L.R.C.P. (part-time) (Appointed 3rd April, 1967)
 FLORA MACDONALD, M.B., B.S., D.P.H. (part-time)
 *ALISTAIR COLIN MACKENZIE, M.D., Ch.B., D.P.H.
 *DOUGLAS R. McCAULLY, M.D., B.A., B.Ch., B.A.O., D.P.H.
 *WILLIAM MOORE, M.B., B.Ch., B.A.O., D.R.C.O.G., D.T.M.H., D.P.H. (Resigned 31st March, 1967)
 MURIEL NANKIVELL, M.B., Ch.B. (part-time) (Appointed 4th December, 1967)
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 *SAMUEL SMITH, M.B., Ch.B., D.P.H. (Resigned 11th March, 1967)
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 *MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.
 SUSAN E. WALTON, M.B., Ch.B. (part-time) (Appointed 11th September, 1967)
 ELIZABETH A. WELTON, M.B., Ch.B. (part-time)

Principal Dental Officer:

CHARLES D. CLARKE, L.D.S.

School Dental Officers:

Whole-time:

GEOFFREY G. FIELD, L.D.S.
 NOEL GLEAVE, L.D.S.
 JOYCE K. GOODALL, B.D.S. (Appointed 11th December, 1967)
 PETER HOWE, L.D.S. (Resigned 31st March, 1967)
 PERCY J. JARRETT, B.D.S. (Appointed 12th January, 1967)
 DAVID A. PRICE, B.D.S. (Appointed 12th January, 1967)
 GEORGE B. WESTWATER, L.D.S.

Part-time:

PATRICIA R. ABBOTT, B.D.S. (Resigned 23rd February, 1967)
 ALEXANDER J. LAVELLE, L.D.S., R.F.P.S.
 REGINALD H. N. OSMOND, L.D.S.
 JEAN W. PATTISON, L.D.S.

*Also District Medical Officer of Health

Consultant Orthodontists (part-time):

BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

Anaesthetists (part-time):

MICHAEL ELDER, M.B., B.Ch.
HENRY A. JOHNSON, M.B., Ch.B., M.R.C.S., L.R.C.P.
JAMES J. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S.
FREDA WHITNEY, M.B., Ch.B.

Dental Technicians:

NORMAN J. RUSHWORTH
CLIVE EVERINGHAM

Apprentice Dental Technician:

MARK J. DAVIES

Dental Auxiliaries:

JACQUELINE H. HAMBROOK (Appointed 1st September, 1967) (Resigned 24th November, 1967)
SUSAN J. HEBDON (Appointed 1st September, 1967)
JUDITH C. BISHOP

Dental Hygienists:

NANCY SMITH

Consultant Children's Psychiatrist (part-time):

DAVID R. BENADY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.M.

Educational Psychologists:

JOHN L. GREEN, B.A.
DAVID R. JONES, B.Sc. (Hons.), Teacher's Diploma
MARGARET THOMAS, B.A. (part-time)
MAURICE B. WALTERS, B.Sc., Dip.Ed.Psych.

Senior Psychiatric Social Worker:

BRIDGET C. DOWNER, Diploma in Social Studies (London), Certificate in Psychiatric Social Work (Edinburgh)

Child Guidance Social Workers:

BETTY BOYCOTT, Social Science Diploma (London)
RITA M. GARRARD, Social Science Diploma (London)

Audiologist/Senior Speech Therapist:

EDWARD PAULETT, L.C.S.T., Dip.Aud.

Audiometrician:

JOAN ROBINSON

Speech Therapists:

ELIZABETH M. CASWELL, L.C.S.T.
PAMELA K. EVANS, L.C.S.T. (Appointed 11th September, 1967)
CYNTHIA M. MAUGHAN, L.C.S.T. (part-time)
ROSEMARY MOORCROFT, L.C.S.T. (Appointed 29th August, 1967)
CYNTHIA D. PEDLEY, L.C.S.T. (part-time)
MARGARET D. L. PEARCE, L.C.S.T. (Appointed 11th September, 1967)
MARJORY M. SHELDON, L.C.S.T. (part-time)

Physiotherapists:

CLARICE D. E. DUFFY (part-time)
ANNE GUY (part-time)
DENISE B. WOODS (Appointed 1st March, 1967)

Consultant Chest Physician (part-time)

ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.

Report for the year 1967

GENERAL

The area covered by the Local Education Authority comprises 862,482 acres; and in June, 1967, the home population, as estimated by the Registrar-General, was 326,010, an increase of 4,290 compared with 1966.

The number of pupils on the school register in September, 1967 was 50,840 compared with 49,444 in September, 1966.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools:

<i>Non-Residential:</i>						<i>Schools</i>	<i>Departments</i>	<i>Pupils on Register</i>
Nursery Special School	..	..	..	..	..	1	1	32
Nursery	..	..	..	..	..	3	3	130
Primary (County)	..	..	..	..	..	81	81	15,603
Primary (Voluntary)	..	..	..	..	..	147	147	14,353
Secondary Modern (County)	..	..	..	..	..	25	25	10,665
Secondary Modern (Voluntary)	..	..	..	..	..	2	2	877
Secondary Grammar (County)	..	..	..	..	..	8	8	3,998
Secondary Grammar (Voluntary)	..	..	..	..	..	5	5	1,809
Comprehensive (County)	..	..	..	..	..	4	4	2,971
<i>Residential:</i>								
Secondary	..	..	..	..	..	1	1	135
Special	..	..	..	..	..	3	3	181
Hospital	..	..	..	..	..	1	1	86
TOTAL ..						281	281	50,840

The table below shows the establishment of principal posts in the School Health Service and the staffing position at 31st December, 1967:

							<i>Establishment</i>	<i>Staff at 31st Dec., 1967</i>
Principal School Medical Officer	..	..	..	..	..	..	1	1
Deputy Principal School Medical Officer	..	..	..	..	..	..	1	1
Senior Medical Officer	..	..	..	..	..	..	1	—
Administrative Medical Officer	..	..	..	..	..	..	1	—
School Medical Officers—whole-time	}	..	..	..	..	..	12	{ 1
—part-time		..	..	..	..	..		{ 21
Principal School Dental Officer	..	..	..	..	..	..	1	1
Dental Officers—whole-time	}	..	..	..	..	..	11	{ 6
—part-time		..	..	..	..	..		{ 3
Dental Auxiliaries	..	..	..	..	..	..	4	2
Orthodontists—whole-time	}	..	..	..	..	..	1	{ —
—part-time		..	..	..	..	..		{ 2
Dental Hygienist	..	..	..	..	..	..	2	1
Dental Technician	..	..	..	..	..	..	2	2
Apprentice Dental Technician	..	..	..	..	..	..	1	1
Senior Dental Surgery Assistant	..	..	..	..	..	..	1	1
Dental Surgery Assistants—whole-time	}	..	..	..	..	..	12	{ 10
—part-time		..	..	..	..	..		{ 2
Audiologist/Senior Speech Therapist	..	..	..	..	..	..	1	1
Speech Therapist—whole-time	}	..	..	..	..	..	5	{ 4
—part-time		..	..	..	..	..		{ 3
Physiotherapists—whole-time	}	..	..	..	..	..	2.5	{ 1
—part-time		..	..	..	..	..		{ 2
Audiometrician	..	..	..	..	..	..	1	1

Inclusive of the Principal School Medical Officer and his Deputy, the total medical staff undertaking all School Health Service duties, including administrative work, on 31st December, 1967, was equivalent to approximately 8.0 whole-time officers.

The nursing staff employed in the School Health Service at the end of 1967 was 4 whole-time and 10 part-time School Nurses, while part-time service was also rendered by 27 full-time Health Visitors and 23 District Nurse-Midwives who were employed by the Local Health Authority.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Section 48 of the Education Act, 1944, requires the Local Education Authority to provide for the medical inspection, at appropriate intervals, of all pupils in attendance at maintained schools, including County Colleges. This Section also requires parents to submit their children for such inspection when so requested by an authorised officer of the Authority.

Under the National Health Service Act, 1946, children can receive treatment from medical practitioners who have contracted with the Local Executive Council to provide general medical services; and children found on examination by a School Medical Officer to be suffering from any defect are, save for certain agreed conditions, referred to their own doctors. Such pupils are followed up by the School Nurses and any necessary specialist advice or treatment is arranged either through the family doctor or directly with one or other of the hospitals in the area of the Birmingham Regional Hospital Board, as listed on page 12.

Generally, parents take much interest in the School Health Service. The majority of children seen at the entrants' medical examination are accompanied by their parents. If any special problem is raised by a parent when meeting the School Doctor at routine medical inspections, a special appointment can be made for a fuller review or examination at home or at a school clinic.

The school leaver's routine medical examination at about 14 years is aimed at assessing the child's health so that any necessary treatment may be arranged or advice given before he or she leaves school. It also forms a most useful and valuable link with the Youth Employment Service.

Local Education Authorities have power to modify existing arrangements for medical examination and to examine children selected not by age but by other criteria such as lack of physical or educational progress, high rate of absenteeism or from lists drawn up by the Head Teacher, School Medical Officer and School Nurse in consultation.

Towards the end of 1967 it was decided as a pilot scheme to introduce selective medical inspection at one large Modern School in the County. The parent of each pupil due for examination in the 11 year age group was asked to complete a questionnaire giving information relating to the child's general health, medical history and progress, etc., and only those children selected on the basis of information provided in the completed questionnaires were given routine medical examinations. The results are not available for full assessment but if, as anticipated, they are favourable, the scheme will be extended to the intermediate medical inspection on a County basis.

In this County the following general school medical inspection procedure obtains:

(i) *Routine Inspections:*

Routine medical examinations are carried out of pupils in three age groups (a) Entrants—on admission to school, usually 5 years, (b) Intermediates—at 11 years, and (c) Leavers—at approximately 14 years.

School Nurses are asked to visit each school prior to the inspection to test the vision of all children listed for examination.

Routine examination of the 8 year olds has been dispensed with but all pupils noted for re-examination on account of a defect and any referred for special examination by the Head of the school are seen by the examining Medical Officer once a year. Heads are encouraged to refer children in this age group for special examination because of the six years interval between the "Entrant" and "Intermediate" routine examinations.

There were approximately 50,000 pupils on the School Register in 1967, with about one-third due for routine examination. The number seen was, in fact, 10,226. In each area the numbers examined vary with the numbers of the Medical Officers employed, and the other demands made upon their time. In three areas there was difficulty in replacing immediately Medical Officers who resigned in March, 1967. Vaccinations, immunisations, health education talks, and audiology are making increasing demands upon the Medical Officers, whose time for routine medical inspection purposes is proportionately reduced.

(ii) *Special Inspections and Re-Examinations:*

In addition to the inspection of pupils in the three age groups mentioned in Section (i) above, special examinations are made of pupils referred on account of defects by Head Teachers or School Nurses, including children who are in need of special educational treatment. Annual re-examinations are also made of children found to have a defect requiring observation.

The numbers of pupils examined as specials and re-examinations in 1967 were 1,767 and 9,071 respectively, making a total of 10,838 examinations.

Consultative Medical Service.—During 1967, a consultative medical service was made available to Colleges of Further Education in the County. Under this scheme the Principals of the four Colleges concerned agreed to distribute leaflets prepared in the County Health Department to all full and part-time students in order to give them an opportunity of discussing in confidence with a Medical Officer any problems they might have including those connected with alcohol, tobacco, drugs, relations with the opposite sex, personal relationships of all kinds, etc.

Special appointments were made for those students requiring help to have private interviews with a School Medical Officer at the nearest Welfare Centre to the College.

Co-operation and Co-ordination.—Good co-operation exists between School Medical Officers, School Nurses and Family Doctors and this results in a better service for the children. Head teachers are very co-operative in all aspects of School Health Service work and they are particularly helpful at annual routine school medical inspections which sometimes cause inconvenience to the normal teaching programme.

There is close liaison with N.S.P.C.C. Inspectors and Education Welfare Officers in helping children from unsatisfactory homes, or securing attendance of pupils for special examinations.

Appreciation is acknowledged of the help given by the Shrewsbury Branch of the British Red Cross Society in providing escorts to accompany handicapped children travelling to and from Convalescent Homes.

Treatment of Eye Conditions.—All children in the five year old group are tested with special material shortly after entry to school in order that visual defects may be detected and rectified as formal education begins. Children found to have visual defects, even as slight as 6/9 in one or both eyes without spectacles, are "followed up" at three monthly intervals by the School Nurse and if the vision subsequently deteriorates they are referred to the School Medical Officer who will, if necessary, refer the patient to an Ophthalmic Consultant. All pupils suffering from defective vision are in any case seen by the School Medical Officer at annual re-examinations as mentioned in section (ii) above. Children thought to be suffering from squint are being referred at a much earlier age with correspondingly more satisfactory results after treatment. Colour vision is tested at the age of 11 years by means of special material.

During the year, 5,290 children were dealt with for defective vision or other eye conditions, 4,849 being referred to Ophthalmic Medical Practitioners or Ophthalmic Opticians, and 441 being treated by Ophthalmic Consultants at the Shrewsbury Eye, Ear and Throat Hospital.

Of the 11,993 pupils examined by School Medical Officers, 55 were noted as having had squint operations during the year and 78 to be receiving orthoptic exercises; 42 other pupils were referred for specialist treatment on account of squint; and 260 were noted for observation for the same condition.

Defects of Ear, Nose and Throat.—The school population is now healthier with higher living standards and better material, social and medical care. These conditions have, with respiratory illnesses, changed in character and incidence over the last twenty years and less surgical treatment is needed in this field.

Of the 11,993 pupils medically examined by the School Medical Officers, 48 were referred to the Ear, Nose and Throat Specialists during 1967, and another 973 were noted for observation on account of tonsil and adenoid conditions.

Operations for the removal of tonsils and adenoids were performed on 435 Shropshire school children in hospitals of Nos. 15 and 16 Hospital Management Committee Groups. This number includes children attending private and independent schools not maintained by the Local Education Authority and who are, therefore, outside the scope of the School Health Service.

Orthopaedic Defects.—There are seven Orthopaedic After-Care Clinics in Shropshire attended by an Orthopaedic Specialist and an Orthopaedic Nurse.

During 1967, of 11,993 pupils medically examined by the School Medical Officers, the following were noted as suffering from varying degrees of orthopaedic defects and referred to the Orthopaedic Surgeon where treatment was considered necessary.

	<i>Treatment</i>	<i>Observation</i>
Posture	5	107
Feet	30	415
Other Conditions	20	283.

Defects of posture or feet account for an appreciable number of orthopaedic defects, although during the year only 2 pupils were found by School Medical Officers to be receiving corrective exercises by Physical Education Specialists in schools.

During Health Education talks and at school medical inspections, emphasis is placed upon the need for suitable footwear. Parent guidance is most essential in this field.

Care of the Feet.—During 1967 the County Chiropodists carried out 14 routine foot inspections (11 in Secondary Schools and 3 in Primary Schools) involving 3,381 pupils; 123 cases of verruca (50 already having treatment and 73 which had not been diagnosed) were discovered. In addition, the Chiropodists found 46 cases of suspected Athlete's Foot (10 under treatment and 36 undiagnosed) together with 638 other foot conditions.

Head teachers are asked to report any cases of suspected verruca occurring amongst pupils in their schools in order that they may be seen and treated by the Chiropodists.

Children found on inspection to have verruca are excluded from swimming, showers and participation in bare foot physical education until the condition has been treated and cured.

Particular attention is paid in schools to the most likely spots for the spread of infection, e.g. gymnasium floors, swimming baths, etc., and these are disinfected.

Diseases of the Skin.—The numbers of Shropshire school children known to have been treated during 1967 for diseases of the skin (other than of the feet) are indicated below:

Ringworm—scalp	5
—body	12
Scabies	41
Impetigo	21
Other skin diseases ..	52
TOTAL ..	131

Treatment of Minor Ailments.—Since the introduction of the National Health Service Act in 1948, minor ailment clinics do not play a large part in school work, because most of the conditions which could be seen at such clinics are dealt with by the family doctor. Some minor ailment clinic facilities are in fact still offered at child welfare clinics.

At the “School Nurse” session and the “School Doctor” sessions at Bridgnorth, Market Drayton, Oswestry and Wellington Welfare Centres, 74 children made 83 attendances in 1967. Examinations by the School Doctor totalled 41 and 20 of the children were referred to their own doctor.

Nutrition.—According to the various reports of the School Medical Officers, Shropshire school children seem healthier than they have ever been and the nutrition figure which attained 100% in 1961 has since remained at that level. General improvement in the satisfaction of material requirements has reduced unsatisfactory nutrition to a minimum. Occasionally overweight children are seen and School Medical Officers at medical inspections advise them and their parents about diet.

Convalescence.—On the recommendation of School Medical Officers, 20 pupils were provided with free holiday convalescence during 1967. Selected cases were those where rest, good food and fresh air were essential to recovery and generally, these children came from poor or problem homes. If a fairly long period of convalescence is required, the child is regarded as a delicate pupil and placed in an Open Air School.

Holidays, usually of a few weeks duration, were arranged for the 20 children concerned through the School Health Service and under a scheme quite distinct from the convalescence facilities provided through the National Health Service normally used for adult patients.

Cleanliness Inspections.—School Nurses carry out routine inspections for verminous infestation of pupils in all Primary Schools, follow-up inspections being made of pupils found to have nits or lice. Such inspections in Secondary Modern and Grammar Schools are now arranged only at the request of the Heads.

Following cleanliness inspections in Primary Schools early each term, an Informal Cleansing Notice is issued to the parent of any pupil found to be verminous. Such pupils are re-examined one week later. If still found to be verminous, Formal Cleansing Notices are served on the parents, requiring them to disinfest and to present the children for re-examination by the School Nurse at the end of three days. If at this latter re-examination a pupil is found to be still verminous, a Formal Cleansing Order may be issued from the School Health Office instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

During 1967, a total of 91,715 head inspections was carried out by the School Nurses, and of the 36,553 pupils on the registers of schools inspected, 696 children were found to be verminous, some on more than one occasion. This represented a figure of 1.9 per cent of the school population who were found to be verminous during the year.

It was found necessary during the year to issue 27 Formal Cleansing Notices and 23 Cleansing Orders. Legal proceedings were instituted in this connection during the year in one case.

Infestation is mainly confined to children whose home conditions are unsatisfactory. In such cases School Nurses have the task of dealing with parents and older members of the household, who neglect personal hygiene and consequently re-infest the younger children.

Work of School Nurses.—School Nursing is undertaken by 14 School Nurses (4 whole-time and 10 part-time), 27 Health Visitors and 23 District Nurses (who are estimated to devote about 7 per cent of their time to this work). In addition to visits to schools for head inspections, the School Nurses attend routine medical inspections. Children ascertained by the School Medical Officers to be suffering from defects of any kind are either referred to the family doctor for treatment or noted for observation; and the subsequent follow-up work of the School Nurses, together with the number of days given to routine medical inspections, is indicated in the following table:

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole- time equiva- lent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Visits
School Nurses Part-time	4	4	91	1,193	244	1,437	1,437	103	66	169	1,606	2,349
School Nurses	10	2.97	189	857	1,123	1,980	1,980	544	559	1,103	3,083	2,127
Health Visitors	27	7.56	232	968	993	1,961	1,961	505	471	976	2,937	1,747
District Nurses	23	1.62	44	300	58	358	358	147	75	222	580	563
TOTAL ..	64	16.15	556	3,318	2,418	5,736	5,736	1,299	1,171	2,470	8,206	6,786

Employment of Children.—In accordance with the provisions of Section 59 of the Education Act, 1944, all pupils reported by the Chief Education Officer as being engaged in work outside school hours are examined by a School Medical Officer to ensure that they are not being employed in a manner likely to be prejudicial to health or to render them unfit to obtain the full benefit of education.

After this initial examination, each child is seen annually at routine medical inspection, or at an earlier date if the School Medical Officer recommends such an arrangement.

Only children of 13 years or more are allowed to take up employment, which is restricted by statute and may not exceed two hours on school days. Work before 7 a.m. is prohibited. Employment in a number of occupations connected with hotels, public entertainments, licensed premises, racing tracks, etc., is prohibited and no child may be employed to lift, carry or move anything so heavy as to be likely to cause him injury.

Experience shows that part-time work is in no way harmful to most children; it gives them a sense of responsibility and acts as an introduction to full-time employment.

Of 610 pupils examined during 1967, it was necessary to recommend re-examination in five cases at intervals ranging from six weeks to six months.

Medical Inspection of Pupils Resident in Boarding Schools and Special Boarding Schools.—Special arrangements are made for the medical examination of children in boarding schools or resident in special boarding schools within the County, as under:

Bridgnorth	..	Apley Park
Ellesmere	..	Petton Hall
Shifnal ..	..	Haughton Hall
Wem ..	..	Trench Hall

Anything relevant to the well-being of the children ascertained at the medical examination is passed on to the Head of the school. Every pupil in these residential establishments is on the list of a local Medical Practitioner providing General Medical Services under the National Health Service Act.

Arrangements were also made during the year, at the request of the Robert Jones & Agnes Hunt Orthopaedic Hospital Authorities, for the local School Medical Officer to undertake vision tests of 86 pupils attending the Hospital School. These tests are carried out each term and pupils having defective vision are referred to an Ophthalmic Consultant for treatment.

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital have a permanent arrangement with the Education Committee for the provision of special educational facilities. At Copthorne Hospital, Shrewsbury, patients recommended for special tuition attend a class regularly at the hospital by a tutor provided by the Education Committee.

In other hospitals in the County, when a child is admitted whose stay is likely to be prolonged, special arrangements are made for individual tuition if the medical condition permits.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctors' sessions operate concurrently with general Child Welfare Clinics. In addition to the clinics listed, there are two Mobile Dental Units which operate in the north and south of the County respectively. The times at which clinics are held are liable to be modified, but up-to-date information on clinic sessions may be obtained from the Health Department, Shirehall, Shrewsbury, or from the local School Medical Officer concerned.

List of School Clinics as at 1st March, 1968

Medical Officer and District	Centre				Frequency of Sessions		
DR. BARKER Wem	Wem	..	..	..	Audiology ..	..	As required
					Dental ..	..	Two sessions weekly
DR. BATCHELDOR Whitchurch	Ellesmere	..	..	..	Audiology ..	..	As required
					Dental ..	..	Four sessions weekly
					Speech Therapy ..	..	One session weekly
	Petton Hall Whitchurch	..	..	..	Speech Therapy ..	..	Two sessions weekly
					Audiology ..	..	As required
					Dental ..	..	Four sessions weekly
DR. BURROWES Dawley	Dawley	..	..	..	Speech Therapy ..	..	One session weekly
					Audiology ..	..	One session monthly
					Dental ..	..	Six sessions weekly

Medical Officer and District	Centre	Frequency of Sessions		
DR. CAPPER Ludlow	Church Stretton	Audiology	As required	
	Church Stretton Junior School ..	Speech Therapy ..	One session weekly	
	Cleobury Mortimer	Audiology	As required	
	Ludlow	Audiology	One-two sessions monthly	
		Child Guidance ..	Two sessions monthly	
		Dental	Four sessions weekly	
		Ophthalmic	Three sessions monthly	
		Speech Therapy ..	Two sessions weekly	
DR. CROSLAND Madeley	Madeley	Audiology	As required	
		Dental	Ten sessions weekly	
		Orthopaedic	Two sessions monthly	
		Speech Therapy ..	One session weekly	
DR. DAVIES Wellington	Wellington	Audiology	One session weekly	
		Child Guidance ..	Five sessions weekly	
		Dental	Sixteen sessions weekly	
		School Doctor ..	One session weekly	
		Speech Therapy ..	One session weekly	
	Overley Hall	Speech Therapy ..	One session weekly	
DR. JONES Oswestry	Oswestry	Audiology	As required	
		Child Guidance ..	One session monthly	
		Dental	Six sessions weekly	
		Ophthalmic	Two sessions monthly	
		Orthopaedic	One session weekly	
		School Doctor ..	One session weekly	
		School Nurse's Session ..	One session weekly	
		Speech Therapy ..	Three sessions weekly	
DR. MACDONALD Oakengates	Oakengates	Audiology	As required	
		Dental	As required	
DR. MACKENZIE Shrewsbury	1 Belmont	Audiology	Two-three sessions weekly	
		Speech Therapy ..	Four sessions weekly	
	5a Belmont	Dental	Thirty sessions weekly	
	Conover Hall, nr. Shrewsbury ..	Speech Therapy ..	One session weekly	
	Katharine Elliot School (Woodcote Way)	Speech Therapy ..	Four sessions weekly	
		Hearing Assessment ..	Three sessions monthly	
	The Old Vicarage, Shirehall ..	Child Guidance ..	Seven sessions weekly	
	Albert Road	Audiology	As required	
DR. McCAULLY Market Drayton	Hadley	Audiology	As required	
		School Doctor ..	One session monthly	
	Hadley Modern School	Speech Therapy ..	One session weekly	
	Market Drayton	Audiology	As required	
		Child Guidance ..	One session monthly	
		Dental	Six sessions weekly	
		School Doctor ..	One session weekly	
		Speech Therapy ..	Two sessions weekly	
DR. O'BRIEN Newport	Newport	Audiology	As required	
		Dental	Three sessions weekly	
		Speech Therapy ..	One session weekly	

Medical Officer and District	Centre	Frequency of Session		
DR. TURNBULL Bridgnorth	Bridgnorth (Northgate)	Audiology	One-two sessions monthly	
		Child Guidance	One session monthly	
		Dental	Six sessions weekly	
		School Doctor	One session monthly	
		Speech Therapy	One session weekly	
	Highley	Audiology	As required	
DR. WALTON Shifnal	Albrighton Group Practices S'gery	Audiology	As required	
	Albrighton Cty. Jr. School ..	Speech Therapy	Three sessions weekly	
	Shifnal	Audiology	As required	
	Haughton Hall	Speech Therapy	One session weekly	
		Speech Therapy	Two sessions weekly	
DR. WELTON Bishop's Castle	Bishop's Castle	Audiology	As required	
		Speech Therapy	One session weekly	

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions:

The Royal Salop Infirmary, Shrewsbury
 Copthorne Hospital, Shrewsbury
 The North Staffordshire Royal Infirmary, Stoke-on-Trent
 The Kidderminster and District General Hospital, Kidderminster
 The Wolverhampton Royal Hospital, Wolverhampton
 The Staffordshire General Infirmary, Stafford

Eye Conditions:

The Eye, Ear and Throat Hospital, Shrewsbury
 The North Staffordshire Royal Infirmary, Stoke-on-Trent
 The Staffordshire General Infirmary, Stafford
 The Kidderminster and District General Hospital, Kidderminster
 The Wolverhampton and Midlands Counties Eye Infirmary, Wolverhampton

* Ear, Nose and Throat Conditions:

The Bridgnorth and South Shropshire Infirmary, Bridgnorth
 Copthorne Hospital, Shrewsbury
 The Eye, Ear and Throat Hospital, Shrewsbury
 Ludlow and District Hospital, Ludlow
 Oswestry and District Hospital, Oswestry
 Shifnal Cottage Hospital, Shifnal
 Whitchurch Cottage Hospital, Whitchurch
 New Cross Hospital, Wolverhampton
 The North Staffordshire Royal Infirmary, Stoke-on-Trent
 The Staffordshire General Infirmary, Stafford
 The Kidderminster and District General Hospital, Kidderminster
 The Wolverhampton Royal Hospital, Wolverhampton

Orthopaedic Conditions, including Fractures:

Royal Salop Infirmary, Shrewsbury
 The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry
 The Kidderminster and District General Hospital, Kidderminster

Special Forms of Treatment not elsewhere available:

The Birmingham Children's Hospital, Birmingham

HANDICAPPED CHILDREN

Case-finding of Handicapped Pupils.—A handicapped pupil may be defined as one suffering from a disability of mind or body which is likely to interfere with normal growth, development and ability to learn.

The Education Act, 1944, imposed upon Local Authorities the duty of finding children who require special educational treatment and of providing this, if necessary, from the age of two years.

For the purposes of the Education Act there are ten categories of handicap:

Blind	Educationally Subnormal
Partially Sighted	Epileptic
Deaf	Maladjusted
Partially Hearing	Physically Handicapped
Delicate	Speech Defective

Detection and Ascertainment.—All births are notified to the Local Health Authority, who inform their Health Visitors, who take responsibility for visiting the home and advising the parents from the eleventh day of the child's life.

Children suffering from obvious handicaps such as severe deafness, physical disability, etc., are discovered long before they reach school age and Health Visitors watch for any signs of handicap. The need for early discovery must be stressed and parents, family doctors, School Medical Officers, Health Visitors, and Teachers should refer any child thought to be suffering from a handicap so that assessment and any special educational treatment or training may be decided upon without delay.

Two registers are maintained in the School Health Service Section—a "Register of Handicapped Pupils" and an "At Risk" Register, the latter giving details of all children in whom the possibility of deafness caused by adverse influences in the pre-natal and post-natal periods is considered to be the greatest, e.g. premature infants, twins, children of mothers who have had virus infection during pregnancy, etc. These "At Risk" categories are referred to again under Audiology on page 22 of this report. Consultant Paediatricians advise the School Health Service about any handicapped children, who are under their care.

During 1967, pupils ascertained under the Handicapped Pupils and School Health Service Regulations numbered 600—336 by School Medical Officers and 264 by the Consultant Psychiatrist, and a summary of the findings and recommendations to the Local Education Authority is given below. In addition, 587 children found to be speech defective were brought under treatment by the Speech Therapist whilst a further 2,617 examinations were made at the Medical Audiology Clinics, as a result of which 604 recommendations and referrals were made.

HANDICAPPED PUPILS

Category	Pupils Specially Ex- amined	Not Handi- capped	Tem- porary exclusion from School	Special Educational Treatment Recommended			Reported to Local Health Authority		Pupils not requiring super- vision on leaving school	Under treatment by Psychiatrist
				In Ordinary School	In Special School	Home Tuition	Unsuit- able for educa- tion at school	Friendly super- vision on leaving school		
Blind	3	—	—	—	3	—	—	—	—	—
Partially Sighted	6	—	—	—	6	—	—	—	—	—
*Deaf	—	—	—	—	—	—	—	—	—	—
Partially Hearing	1	—	—	—	1	—	—	—	—	—
Delicate	17	—	—	—	13	4	—	—	—	—
Educationally Subnormal	279	66	1	70	60	—	25	56	1	—
Epileptic	2	—	—	—	2	—	—	—	—	—
Maladjusted	264	—	—	—	24	3	—	—	—	237
Physically Handicapped	28	—	—	—	19	9	—	—	—	—
TOTAL	600	66	1	70	128	16	25	56	1	237

* All children suspected of being deaf or partially hearing are now dealt with not by the individual School Medical Officer but by a Specialist Audiology Team, whose recommendations are referred to on page 25.

As well, the Medical Officers also carried out a further 514 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school and the review of home tuition cases.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers and Consultant Psychiatrist during the period 1958 to 1967:

				(1) Blind (2) Partially- sighted (3) Deaf			(4) Partially hearing (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Maladjusted (9) Physically handicapped			TOTAL
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
Examined:	1958			2	2	—	11	24	204	5	120	34	402
	1959			1	3	1	6	36	247	2	116	39	451
	1960			1	—	4	3	42	299	1	62	35	447
	1961			—	2	2	2	31	283	5	65	18	408
	1962			2	2	—	3	21	247	1	99	22	397
	1963			—	3	1	2	15	252	6	99	21	399
	1964			3	3	—	—	26	292	9	30	18	381
	1965			2	2	—	3	16	268	—	95	36	422
	1966			—	3	2	5	21	236	6	146	39	458
	1967			3	6	—	1	17	279	2	264	28	600
Recommended for Special School:	1958			2	2	—	11	18	46	5	13	10	107
	1959			1	3	1	6	30	48	2	12	7	110
	1960			1	—	4	3	27	59	1	10	10	115
	1961			—	2	2	2	21	71	5	15	9	127
	1962			2	2	—	3	16	52	1	20	10	106
	1963			—	3	1	2	11	43	5	15	8	88
	1964			3	3	—	—	17	51	6	20	3	103
	1965			2	2	—	3	11	68	—	17	23	126
	1966			—	3	2	5	10	45	3	21	24	113
	1967			3	6	—	1	13	60	2	24	19	128

Report to Local Health Authority.—During 1967 a total of 81 children were recommended for report to the Local Health Authority under Section 57 of the Education Act as amended—25 under sub-section 4 as being unsuitable for education at school and 56 as being in need of friendly supervision after leaving school. The comparable figures for 1966 were 15 and 43 respectively.

Katharine Elliot School.—Initially opened to cope with a wide variety of handicaps and to offer education, assessment and social training to about 24 children of ages ranging from 2—9 years, the school now has about 35 attending and 45 on the waiting list.

The following account of this interesting project has been contributed by Mr. A. I. Rabinowitz, B.A., the School's Principal, whose work has been so constructive since his appointment in September, 1964.

“During the year 1967 Katharine Elliot School continued as it has in the past three years, to enjoy the help and co-operation of a number of services. Again as in previous years a complete mixture of handicapped children attended the school: children with cerebral palsy, spina bifida and its associated handicaps, blind and partially sighted children, partially hearing children, children with behaviour difficulties and children whose handicap had not yet been firmly diagnosed, all mixed happily and beneficially together.

A multiplicity of services was offered to these children. The Education Committee provided all services relating to teaching and the physical care of the children, while the Health Committee provided those services more directly concerned with the cure and treatment of these children.

Dr. A. D. Barker attended the school five or six sessions a month to deal with the medical side of this work while Miss Woods, Mrs. Duffy and Mrs. Guy undertook and carried out the physiotherapy of the children. Miss E. Caswell, Speech Therapist, was in attendance four times a week on the average while Mr. E. Paulett, Audiologist and Senior Speech Therapist, visited the school regularly to undertake hearing tests of all the children attending the school.

A further contribution of the Health Committee was to be found in the work of Miss M. Lydiate who, trained as a Health Visitor, is now Social Worker to the school. All these people combine together to offer to the children attending this school the fullest educational/medical service possible and they are all members of one large staff. The information that the medical workers obtain is passed on to the teaching staff and vice versa. In this way it has been possible to offer, as in the previous years, a comprehensive service to handicapped children, a service not as yet available in most parts of the country”.

Home Visiting by School Medical Officers.—The School Medical Officers are given lists of handicapped children living in their areas and are expected to pay attention to these children either in school or by home visiting. Some cases have to be referred to the Central Office for further advice and discussion.

Dr. Barker spent during the year approximately three half-day sessions per week on home visiting. Sometimes accompanied by Miss F. M. Lydiate, the Health Visitor/Social Worker, Dr. Barker visited the homes of very young handicapped children to examine and assess them, to discuss the question of their educational future with the parents and in general to give them help and guidance in the understanding and management of their children. Details of those young children who are considered suitable for attendance at the Katharine Elliot School for Handicapped Children, are passed to the Chief Education Officer. Mr. Rabinowitz, as Principal of the Katharine Elliot School, also visits with Miss Lydiate the homes of all those children who attend the School or are recommended for future admission.

The following are the numbers of handicapped children in the various categories who received domiciliary visits. They are, of course, also seen in the schools and clinics; home visits are carried out as often as the Medical Officers consider necessary.

HANDICAPPED PUPILS REQUIRING HOME VISITING

	<i>Pupils on List</i>	<i>Number Visited</i>	<i>Number not Visited</i>	<i>Visits Made</i>
Blind	9	3	6	4
Partially Sighted	20	11	9	20
Deaf	4	—	4	—
Partially Hearing	61	33	28	49
Some Hearing Loss	88	30	58	43
Delicate	150	67	83	80
Educationally Subnormal	574	174	400	211
Epileptic	64	23	41	32
Maladjusted	17	13	4	22
Physically Handicapped	311	142	169	193
Speech Defective	5	4	1	6
	<hr/> 1,303	<hr/> 500	<hr/> 803	<hr/> 660

Supervision of School Leavers.—The School Medical Officer, at the last routine medical examination of each pupil, makes a report if he considers the pupil unsuitable for work of any particular type. This report is forwarded by the Principal School Medical Officer to the Youth Employment Officer to ensure that any pupil on leaving school is not placed in employment for which he or she is either mentally or physically unsuited.

Handicapped pupils are also encouraged to enrol in the Register of Disabled Persons and so obtain through the Ministry of Labour sheltered employment and also special educational training open to Registered Disabled Persons.

Special arrangements exist to deal with the problem of after-care for pupils leaving Petton and Haughton Hall Residential Schools, and Mental Welfare Officers and Youth Employment Officers do, in suitable cases, visit the special schools before the child actually leaves. Each case is then followed-up at home to ensure that the child settles down in employment and becomes satisfactorily adjusted to post school life.

In order that handicapped children may be kept constantly under review in the twelve months, preceding school leaving and during the following five years, an After-Care Committee co-ordinates the efforts of the various bodies concerned, namely the Education, Children's, Health and Welfare Departments, and the Ministry of Labour's Rehabilitation and Youth Employment Service.

Special Residential Schools for Educationally Subnormal Pupils.—Special Residential Schools for children who are educationally subnormal are provided by the Local Education Authority—boys at Petton Hall (91 places) and girls at Haughton Hall (73 places). The pupils have intelligence quotients between 50 and 80 and stay until 16 years of age.

SCHOOL REPORT OF THE PRINCIPAL DENTAL OFFICER

In my report to you for 1959 I referred to the fluoridation of domestic water supplies. I stated that in my opinion this method of caries control would be widely accepted throughout the world, in a few years' time. I am still of that opinion, borne out I think by the fact that in the United States of America, Canada, New Zealand, the Irish Republic, Chile, Ecuador and Denmark it is a routine dental health measure. In many other countries, including Great Britain, fluoridation has been started on a limited scale. That the addition of fluoride into drinking water has proved beneficial in the reduction of dental disease, without detrimental side effects, has I think been proved beyond doubt. Parts of Shropshire are already receiving water containing 1 p.p.m. fluoride, from the Elan Valley supply to Birmingham, and since its introduction we have been inspecting children drinking water from this supply, both at home and at school. Unfortunately the numbers of children involved is small and difficult to keep contact with, so it is doubtful whether figures of any significance will be available in two or three years' time.

This Authority has accepted the fluoridation scheme in principle and I would hope that it will do everything in its power to see it implemented even if only on a limited scale at first. Between 75% and 80% of children inspected through the Council's School Dental Service require dental treatment. Can these facts be ignored? Can the emotional, but I have no doubt well meaning minority, continue to deprive the majority of a tried, tested and proven health measure?

The year 1967 has been one in which the staff situation has remained stable, and the planning of work has been easier. As a result of this there has been an increase in the number of children inspected and treated and also in the work done on each child. I am hopeful that there will be some increase in staff next year when the new staffing structure comes into operation.

Work done during the year (these figures include those relating to the Mobile Dental Units):

<i>Attendances and Treatment:</i>	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 & over</i>	<i>Total</i>
First Visit	3,416	3,563	849	7,828
Subsequent visits	5,143	7,031	1,909	14,083
Total visits	8,559	10,594	2,758	21,911*
Additional courses of treatment commenced	480	324	87	891
Fillings in permanent teeth	3,764	9,647	2,951	16,362
Fillings in deciduous teeth	4,158	392	—	4,550
Permanent teeth filled	2,899	8,001	2,585	13,485
Deciduous teeth filled	3,776	359	—	4,135
Permanent teeth extracted	236	1,593	424	2,253
Deciduous teeth extracted	5,258	1,506	—	6,764
General anaesthetics	1,958	1,178	163	3,299
Emergencies	959	543	140	1,642
Number of Pupils X-rayed .. .. .	..	..	..	626
Prophylaxis .. .. .	..	..	..	2,241
Teeth otherwise conserved .. .. .	..	..	..	938
Number of teeth root filled .. .. .	..	..	..	26
Inlays .. .. .	..	..	..	7
Crowns .. .. .	..	..	..	40
Courses of treatment completed .. .. .	..	..	..	5,515

*In addition, 1,459 visits were carried out by the Dental Hygienist

Orthodontics:

[illegible]

<i>Prosthetics:</i>					5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	..	..			1	—	1	2
Pupils supplied with other dentures (first time)	..	..			6	33	20	59
Number of dentures supplied	..	..	..	..	7	46	35	88

Anaesthetics:

General Anaesthetics administered by Dental Officers	167
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Inspections:

(a) First Inspection at school. Number of Pupils	8,841
(b) First Inspection at clinic. Number of Pupils	4,619
Number of (a) + (b) found to require treatment	..	..	..	..	..	..	..	10,249
Number of (a) + (b) offered treatment	..	..	..	..	..	..	..	9,544
(c) Pupils re-inspected at school or clinic	..	..	..	..	..	..	..	1,381
Number of (c) found to require treatment	..	..	..	..	..	..	..	1,034

Sessions:

Sessions devoted to treatment	3,313*
Sessions devoted to inspection	..	..	..	..	..	..	..	..	211
Sessions devoted to Dental Health Education	..	..	..	..	..	..	..	..	80†

*In addition, 230 sessions were carried out by the Dental Hygienist

†In addition, 79 sessions were carried out by the Dental Hygienist

Under the provisions of Section 78 of the Education Act, 1944, all the pupils (approximately 90) of Conover Hall School for the Blind were dentally examined and treatment carried out as necessary."

C. D. CLARKE, *Principal Dental Officer.*

SPEECH THERAPY

In last year's Report diagrams and details were given to illustrate the changing pictures of the Speech Therapy Service since 1948. It is pleasing to report that 1967 ended with a full establishment of therapists.

In September, Miss P. K. Evans, Miss R. Moorcroft and Miss M. D. L. Pearce joined the staff as full-time speech therapists, making the total establishment:

- 1 Senior Speech Therapist
- 4 Full-time Speech Therapists
- 3 Part-time Speech Therapists

giving an equivalent of 6 full-time therapists.

It was decided to re-commence clinical work at the Centres that had been closed for varying periods and at the end of 1967, Speech Therapy Clinics were being held at the following Centres:

	Morning	Afternoon	Evening
Monday ..	Katharine Elliot School Petton Hall School Shifnal C.W.C.	Oswestry C.W.C. Wellington C.W.C. Petton Hall School Condover Hall	—
Tuesday ..	Katharine Elliot School Oswestry C.W.C. Bishop's Castle C.W.C. 1 Belmont, Shrewsbury Hadley Modern School	Eye, Ear and Throat Hospital Oswestry C.W.C. Market Drayton C.W.C. Albrighton County Jr. School	Eye, Ear and Throat Hospital
Wednesday	Katharine Elliot School 1 Belmont, Shrewsbury Haughton Hall School Madeley C.W.C.	1 Belmont, Shrewsbury Haughton Hall School Dawley C.W.C. Albrighton County Jr. School	—
Thursday	Newport C.W.C. Wellington Jr. Training Centre (alternate weeks) Ludlow C.W.C. Bridgnorth C.W.C.	Eye, Ear and Throat Hospital Ellesmere C.W.C. Market Drayton C.W.C. Overley Hall Ludlow C.W.C. Albrighton County Jr. School	—
Friday ..	Katharine Elliot School Whitchurch C.W.C. Church Stretton Junior School Shrewsbury Jr. Training Centre	Shropshire Orthopaedic Hospital	—

The opportunity was also taken to visit, during the last quarter of the year, as many schools as possible in order to gain some idea of the current number of pupils requiring speech therapy. The Heads of Schools were informed that a speech therapist would be visiting and they were asked to prepare a list of the children whom the staff considered in need of treatment. Each therapist taking part in this small survey had the advantage of seeing the children and at the same time being able to discuss cases with the teachers.

The schools visited were mostly for Infants and Juniors and the table below gives the results of the survey.

No. of Schools in County	Total School population	No. of Schools Visited	Population of Schools Visited	No. of Pupils examined	No. of Pupils requiring Speech Therapy	No. of Pupils already receiving Speech Therapy
281	50,840	131	18,924	778	527	62

This gives an incidence of 3.12 per cent of registered pupils, which compares with the national estimated incidence of 1.5 to 3 per cent.

During the year 1967 the total number of children who were given speech therapy was 587 and the following tables give particulars of the conditions which necessitated their attendance:

Condition	Cases discharged during year	On Register 31st Dec., 1967
Stammer	30	51
Cleft Palate	3	9
Severe Dyslalia	29	75
Nasality + or —	2	8
Dyslalia	79	164
Voice defect	1	4
Mongolism	1	12
Non-communicating	2	7
Partially Hearing	2	6
Educationally Subnormal	2	20
Dysarthria	6	15
Mixed defect	—	12
Dysphasia	3	6
Mental defect	3	1
Language defect	4	30
TOTAL ..	167	420

These totals include 8 children from 4 neighbouring Counties, the latter paying the Shropshire Education Authority for their treatment.

CASES TREATED

On Register 1st January	New Cases during year	Cases discharged during year	On Register 31st December
162	425	167	420

CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit from further treatment		Left School or Ceased	Referred to Other Services	TOTAL
		Slightly Improved	Unimproved			
76	20	7	2	27	35	167

In a small number of cases discharge is temporary and children can attend later for further treatment.

In addition:

177 children made single visits to Centres for advice.

210 visits were made to individual homes.

154 visits were made to schools to see children and discuss cases with teachers.

In all, 587 children having regular treatment in the County made a total of 4,896 attendances.

At the time of writing there is a total of 483 children waiting for treatment and also 249 who are under periodic review of progress. It is hoped that during the coming year the clinical programme will be designed to deal with these children at the earliest opportunity.

E. PAULETT,
Senior Speech Therapist.

AUDIOLOGY

This has been a year of progress, and a very active one, for members of the audiology service. In January, two Medical Officers and four Nurses were given a period of in-service training, by the Audiologist and other specialists, in the basic techniques of audiological testing and ascertainment. Later in the year one of these Medical Officers also attended a one-week course at the Department of Audiology, University of Manchester.

This training of staff was necessary because of the need to replace those persons who had already left, or were soon to leave, this Authority. The total staff of the Health Department clinical audiology team now comprises:

1 Audiologist
7 Medical Officers
13 Health Visitors
1 Audiometrician

During the year the Audiologist has given lectures to the Society of Physiotherapists, Wellington Rotary Club and other organisations. Lectures on Hearing and Speech were also part of the main theme of a one-day course given to the staff of Junior Training Centres for Mentally Handicapped Children.

In May at the West Midland Agricultural Show a very successful display of audiology information and equipment was presented. This included spectator participation using audiometers, delayed speech feed-back machines and constant measurement of sound levels throughout the two days.

As a result of the interest shown by the Principal School Medical Officer and members of the Education (School Health and Welfare) Sub-Committee a two-day residential course was organised for parents of partially hearing young children. This proved to be a great success and was attended by parents from all parts of the County with their children, hearing impaired and otherwise. Several speakers, including the Principal School Medical Officer, a Consultant Otologist, Consultant Psychiatrist, Educational Psychologist, Teachers of the Deaf, Audiology Technician and Audiologist covered a wide range of subjects.

All the children were cared for by trained nursery staff and helpers and the mothers obviously enjoyed having meals prepared and served to them. It was also unique in that the fathers were part of this "captive audience" and were given the opportunity to gain some insight into the general problems concerning their children. There was ample time for general discussion, questions to the panel and demonstrations of teaching methods. The parents mixed well, talked over mutual problems and so enjoyed the weekend that there was a unanimous demand for similar courses to be run on an annual basis.

During the year facilities for starting a Unit for hearing impaired children of Secondary School age were provided at Meole Brace Secondary Modern School, Shrewsbury. Prior to this, the Audiologist and members of the Education Department visited Coventry to observe the methods employed by that Authority for the education and integration of similarly handicapped children.

It is pleasing to record the close liaison that exists between those members of the Education Department, including administrators, advisers, Psychologists and teachers and the Health Department who are concerned with the problems of deaf children.

In July the Audiologist attended an Audiology Symposium held at the Institute of Sound and Vibration Research, University of Southampton, and has also been to meetings of the British Society of Audiology.

At the invitation of the Commanding Officer, Royal Air Force Hospital, Cosford, the Audiologist has made visits to the Hospital with the Principal School Medical Officer and Mr. E. N. Owen, Consultant Otologist. A very useful link was soon forged and with the interchange of information, operating facilities and equipment, a very happy working relationship has been established. The Health Department were pleased to lend the Royal Air Force Hospital a clinical audiometer for use in the sound-proof testing booth and Hearing Assessment Clinics have been held at the Hospital attended by the Audiologist and a Royal Air Force Otologist.

Another example of co-operation is the use now being made of the excellent accommodation at the Group Practice of the General Practitioners in Albrighton. This is used several times each month for clinical work in audiology for a wide surrounding area.

Perhaps the most notable event of the year has been the making of a film, the first to be produced by the Health Department. This is entitled "Audiology with Children" and is on 16 mm. film, in colour and with a sound track, the running time being about thirty-five minutes. The camera work was done entirely by Mr. H. Booth, the Visual Aids Officer of the Education Department with production and editing by the Audiologist; it is hoped that the finished result will prove to be a stimulating help in instruction and Health Education.

Infant Hearing Tests

During the past year, 1,549 babies (out of 5,751 live births attributable to the County) were places on the "at risk" register. Testing of these babies is usually made when they have reached the age of 8—9 months and during the year the number tested at the 215 clinics held was 1,706, the results being summarised in the following table:

INFANT HEARING TESTS PERFORMED

		Tested	Passed	Failed or did not co-operate		
				For Retest	For Medical Audiology Clinic	To be seen by Audiologist
New cases	..	1,596	1,440	135	10	11
Review cases	..	110	78	19	2	11
TOTAL	..	1,706	1,518	154	12*	22†

*Of these 12 cases: 2 are to have further hearing tests;
4 were discharged with normal hearing;
3 subsequently attended the Hearing Assessment Clinic and the issue of a hearing aid was recommended in 2 cases; and
3 did not attend for follow up testing.

†Of these 22 cases: 8 were discharged with normal hearing;
1 was referred to the Medical Audiology Clinic;
4 are to have further hearing tests;
6 subsequently attended the Hearing Assessment Clinic and the issue of a hearing aid was recommended in 2 cases;
1 did not attend for follow up testing; and
2 left the County.

It is of interest to note that there has been a constant annual increase in work and that the number of infant hearing tests performed in 1967 is exactly five times the total carried out in 1959, which was the first full year of testing.

Sweep Frequency Testing

SWEEP FREQUENCY TESTS PERFORMED

Category	Tested	Normal	25/30 db loss Surveillance at School	Hearing Suspect
Primary School Children	11,843	10,388	498	957
Suspected Deafness ..	5	3	—	2
Backwardness	60	46	4	10
Speech Disorders	21	16	—	5
TOTAL ..	11,929	10,453	502	974

With these tests also, there has been a noticeable increase annually of the work and the value of appointing a full-time audiometrician is shown by the fact that the total of tests performed is almost forty times greater than in 1959.

As reported last year, the failure threshold for sweep frequency testing in schools was to be raised from 25 db to 30 db and the children who failed at the 25 db level but passed at 30 db were to be referred for observation by the school teaching staff. In 1966 there was a failure rate of 10.27% but in 1967 this new procedure resulted in a failure rate of 8.16% and this has, of course, reduced the number of children who would have otherwise been flooding into Medical Audiology Clinics.

Medical Audiology Clinics.—The failures at sweep frequency testing in schools and also other children who have been referred by School Medical Officers, Speech Therapists, Teachers of the Deaf, Medical Practitioners and Hospital Specialists are all seen at the Medical Audiology Clinic. These Clinics are staffed by one of the Medical Officers trained in this work, or the Audiologist, and one trained Health Visitor.

Once again, taking 1959 as a reference point, the number of detailed hearing tests made in 1967 were more than nine times as many.

During the year a new method of evaluating the results of hearing tests performed at these Clinics was brought into use; the new method took cognizance of the child's ability to understand ordinary speech as well as the results of pure tone audiometry in one or both ears. As the table below shows, the degree of hearing loss is graded from slight to extreme and it is interesting to note that of the 2,617 examinations made, 45% of the children were discharged and a further 23% were found to have only a slight loss of hearing.

During 1967, a total of 350 clinics was held and 2,617 detailed hearing tests were made, with the results indicated below:

RESULTS OF TESTS AT MEDICAL AUDIOLOGY CLINICS

Referred by	Cases	No. Referred	No. Tested			Dis- charged	Type of Hearing Loss—For Review					Total New Cases	Total Review Cases	
			Under 5	Primary	Secon- dary		Slight	Mild	Marked	Severe	Extreme			Not Classified
Sweep Test ..	New Review	1,123 776	1 —	862 450	11 111	484 210	195 135	55 66	24 19	1 2	— —	115 129	874 —	— 561
School Medical Officer	New Review	363 449	2 —	175 252	67 78	129 100	50 104	22 36	7 18	— 4	— —	36 68	244 —	— 330
Family Doctor ..	New Review	28 46	3 —	18 32	1 3	8 11	5 13	2 4	1 —	— —	— —	6 7	22 —	— 35
Health Visitor/School Nurse	New Review	83 50	3 —	48 32	3 5	29 9	5 7	4 5	4 2	— 1	— —	12 13	54 —	— 37
2 H.P. Case ..	New Review	94 32	— —	40 9	21 10	50 8	5 2	— 4	— 1	— 1	— —	6 3	61 —	— 19
Deaf Teacher ..	New Review	10 53	— —	5 30	1 10	4 17	1 10	— 5	— —	— —	— —	1 8	6 —	— 40
Head ..	New Review	22 37	— —	12 21	4 7	4 11	3 6	3 2	2 1	— 1	— —	4 7	16 —	— 28
Speech Therapist ..	New Review	26 46	1 —	17 34	2 3	13 15	1 7	1 4	— 4	— —	— —	5 7	20 —	— 37
Aural Surgeon ..	New Review	42 75	3 —	29 38	2 16	7 19	9 14	2 3	7 4	— 1	— —	9 13	34 —	— 54
Infant Assessment Clinic	New Review	40 50	7 2	20 26	— —	13 4	6 11	2 4	— —	— 1	— —	6 8	27 —	— 28
Parent ..	New Review	45 60	— —	29 40	5 2	14 13	9 14	1 1	2 2	— —	— —	8 12	34 —	— 42
Others ..	New Review	8 9	— 2	3 6	3 —	5 3	1 2	— 1	— —	— —	— —	— 2	6 —	— 8
TOTALS ..			24	2,228	365	1,180	615	227	98	12	—	485*	1,398	1,219
			2,617						2,617			2,617		

*This figure includes cases where the Medical Officer was unable to diagnose definitely any permanent hearing loss. The children concerned may, at the time of examination have been suffering from such conditions as colds, catarrh, etc., or have had wax in the ears. In order not to inundate the Otologist with unnecessary referrals these children were called for further investigation before a final decision or recommendation was made.

Following attendance at the above Clinics, recommendations and referrals were made as follows:

Recommended to sit in an advantageous position in class	202
Notified to the Head of the School for information and guidance	147
Notified for the Teacher of the Deaf to visit and advise in school	32
Referred to—Speech Therapist	21
—Educational Psychologist	27
—Family Doctors for treatment	18
—Ear, Nose and Throat Specialists	9
—Hearing Assessment Clinic, for a final decision on operative treatment, special educational placement or the provision of a hearing aid	148

Hearing Assessment Clinics.—These Clinics were first organised in 1962 and now, five years later, five times as many children are being dealt with.

They are attended by Mr. E. N. Owen, F.R.C.S., Aural Surgeon, at the Eye, Ear and Throat Hospital, Shrewsbury; the Audiologist; a Teacher of the Deaf; an Audiology Technician from the Hospital Group; one of the School Medical Officers and one of the specially trained Health Visitors.

Each child is thoroughly assessed by the Specialists in attendance and the parents are advised and given any help and guidance required. The family doctor is notified that the child will be attending for assessment and is always advised of the outcome, as is the Head Teacher of the child's school and the Education Department.

In 1967 at 32 Hearing Assessment Clinics the following recommendations were made for 202 children:

Provision of <i>Medresco</i> (N.H.S.) Hearing Aids	23
Provision of a commercial Hearing Aid	1
Admission to a Residential School for Partially Hearing Children	1
Admission to the Partially Hearing Unit	4*
Operative Treatment	56
Reference to other Consultants for treatment	3
Reference to Family Doctor for treatment	1
Referred to other services	6
Recall for review at Assessment Clinic	8
Review at Medical Audiology Clinic	93
Special Home Visits by Audiologist or Health Visitor	3
Discharged	5

*This figure includes 2 of the children who were recommended for a *Medresco* (N.H.S.) Hearing Aid.

During the year some of the Clinics have been visited by members of the Education (School Health and Welfare) Sub-Committee and this interest in the welfare of hearing impaired children by members has been an encouragement to the Audiology Service.

Reference has been made throughout this report to the increase in the amount of work undertaken but this, of course, would have been impossible without the backing of the clerical staff of the School Health Section. I think it worthy of mention that it is their efforts in the "engine-room" that help towards the progress made by the Audiology Service in this County.

E. PAULETT,

Audiologist/Senior Speech Therapist.

CHILD GUIDANCE SERVICE

Dr. Benady, Consultant Child Psychiatrist, gives the following account of the work carried out by the Child Guidance Service during 1967:

“For the third year running we have seen another marked increase in the demands for our Services. Almost twice as many cases were referred as in 1965, showing a 36% increase over last year. This is particularly accounted for by the increased use made of the clinic by General Practitioners and is a direct result of our closer co-operation with them. All other sources of referrals have also increased, but they have maintained the same proportion as hitherto.

Numbers, by themselves, really give little indication of the extremely wide variety of problems—sometimes insoluble—which have to be faced by clinical staff.

We were pleased to welcome Mr. Walters, B.Sc., Dip.Ed.Psych., as Education Psychologist to the clinic, which brings our complement up to strength; in order to cater for his clerical work Mrs. Hatton also joined us as part-time secretary.

The development of the Shelton Hospital Day Unit, with Mrs. Field as teacher, has helped us to provide some service for adolescents, who would otherwise have received no help at all. This Unit, although small, functions well and is able to meet the needs of these very difficult cases.

Educational Psychologists now have the responsibility for their own areas and this should make for yet a closer link between the Clinic and Head Teachers.

The Clinic is also progressing by taking on a teaching role, both to the Registrars and Senior Registrar in training at Shelton Hospital, who, as they learn, are then able to help us. Similarly the Universities of Keele and Birmingham use the clinic for practical placement for their student Social Workers.

Six seminars were also held for School Medical Officers. These were extremely well attended and some useful discussions followed.

In November the Clinic moved from, what were becoming very cramped, offices in the Shirehall to the Old Vicarage, where the facilities are really more adequate in some respects, although work remains to be done in other respects for the building to be at its most efficient.

On the clinical side, the focus of interest at present would appear to be on the family therapy field, often talked about and yet often neglected.

Our extra commitments have meant that there is now quite a long waiting list, but as will be seen from the figures, the total number of cases under treatment has increased. It is obvious that we have reached our optimum functioning level, and unless the number of referrals goes down in the coming year, our waiting list will, unfortunately, have to increase further.”

Summary of work done during 1967

Total number of new referrals	..	..	..	..	..	..	..	..	..	..	450
Unco-operative	..	..	..	..	..	..	..	..	..	18	
Awaiting	..	..	..	..	..	..	..	..	..	48	
Total number of new cases seen:											
384 + 18 awaiting appointments from last year	..	..	..	..	..	..	..	..	..	402	
Old cases re-referred for further help	..	..	..	..	..	..	..	..	..	42	
Treatment cases carried forward from previous years	..	..	..	..	..	..	..	..	..	148	
										TOTAL CASE LOAD	592

Sources of referral:

Head Teachers	23%
Principal School Medical Officer	30%
Parents	5%
Private Doctors	31%
Probation Officers	3%
Miscellaneous: e.g. Children's Officer, Mental Hospital, Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors	8%

Reason for referral:

Failure in school: difficulties either in specific subjects, general behaviour or general attitude to work	8%
Nervous conditions: such as night terrors, anxiety conditions, stammering and timidity	26%
Behaviour difficulties: such as aggressive behaviour, severe temper tantrums, truancy and pilfering	35%
Psychosomatic disorders: e.g. asthma, disorders of locomotion, sleep, feeding and evacuation	28%
Miscellaneous reasons: vocational guidance, etc.	3%

Number of new cases seen by Psychiatrist:

Diagnostic interviews only (18 passed to Psychologist for treatment)	67
Taken on for treatment	139
Treatment cases carried forward from 1967	98
TOTAL TREATMENT LOAD	237

Number recommended for Schools for Maladjusted:

Trench Hall (2 consent refused, 4 awaiting admission)	19
Independent Schools	2
Katharine Elliot Special School	3

B.C.G. VACCINATION OF SCHOOL CHILDREN

B.C.G. vaccination against Tuberculosis is available, with parental consent, to:

- (a) school children in the year preceding their fourteenth birthday;
- (b) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education; and
- (c) whole school classes, which may include a few children under 13 years, for convenience.

The following table gives particulars of schools visited for B.C.G. vaccination purposes during 1967, with comparative figures for 1966.

	Maintained and Grant-aided schools		Independent Schools		Totals	
	1966	1967	1966	1967	1966	1967
Schools visited	47	39	25	20	72	59
Children tested	3,496	3,372	600	522	4,096	3,894
Reactors—positive	200	140	70	53	270	193
—negative	3,097	3,057	526	458	3,623	3,515
Not read	199	175	4	11	203	186
Children vaccinated	3,034	3,006	507	442	3,541	3,448
Negative reactors not vaccinated	63	51	19	16	82	67

Some 8 independent and 6 maintained and grant aided schools were visited twice during the year, which brings the total actual visits paid to schools to 73.

The acceptance rate for B.C.G. vaccination for 1967 was 94.3 per cent.

In addition a special survey was made at one school where children had been in contact with a known case of Tuberculosis:

	<i>Tested</i>	<i>Positive Reactors</i>	<i>Negative Reactors</i>	<i>Not Read</i>	<i>Negative Reactors Vaccinated</i>
Children (all ages) . .	33	4	28	1	—*

N.B.—These figures are not included in the table above.

*The majority of the negative reactors were pupils under 13 years of age and therefore too young for inclusion in the general scheme for B.C.G. vaccination of school children which was in force in 1967; they will be retested when they reach 13 years of age.

Mass Radiography.—Appointments for chest X-ray by Mass Radiography are offered to all positive reactors and also to their home contacts. In addition, those pupils who have had large Mantoux positive reactions (induration 15 mms. and above) have follow-up X-rays four months after their initial chest X-ray.

During 1967 some 73 children with large positive reactions were referred for follow-up X-rays.

The table below summarises the results of all cases investigated by the Stoke-on-Trent and Wolverhampton Mass Radiography Units:

	<i>Pupils</i>	<i>Home Contacts</i>	<i>Staff</i>
Cases investigated	196	191	244
Recalled for large film examination . .	4	—	3
Cases of tuberculosis discovered	1	—	1

(Included in the above figures are 30 staff, from the school at which a special survey was made. None was recalled for large film examination).

The one case found among the pupils was notified as suffering from active pulmonary tuberculosis following a strongly positive reaction to the skin test given at school, and was recalled for large film examination following an abnormality shown on the first X-ray.

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officers opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parental consent to its promotion and maintenance. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents". Propaganda methods, including the display of posters, are also used from time to time to remind the public of the importance of immunisation.

During 1967, the total number of children of school age who were primarily immunised was 693; of this number 651 were treated by School Medical Officers and 42 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Unfortunately, due to the demand for poliomyelitis vaccination between 1957 and 1962 and to the demand for smallpox vaccination in 1962, there was a decline in the numbers of children receiving booster doses against diphtheria. In order to rectify this, a new procedure was started during the Autumn Term, 1963. Under this scheme consent forms are issued to parents of 5 and 11 year olds annually at each school. In addition to protection against diphtheria, primary immunisation or boosters against tetanus and poliomyelitis were offered to 5 year olds. Children aged 11 years were offered booster or primary immunisation against diphtheria and tetanus, and re-vaccination against smallpox; parents have the choice of their children being given the necessary doses either at school or by their family doctors.

Of 6,130 school children given "booster" doses in 1967, some 4,625 were dealt with by the School Medical Officers and 1,505 by general medical practitioners.

The effects of the immunisation campaign are demonstrated by the following table showing the incidence of, and deaths from, Diphtheria among persons of all ages in the County during the past twenty years.

		1948—52	1953—57	1958—62	1963—67
Notifications ..	Total	9	—	1	—
	Annual average	1.8	—	0.2	—
Deaths	Total	1	1*	—	—
	Annual average	0.2	0.2	—	—

*Death of elderly woman, assigned by Registrar-General; C. diphtheria not found.

VACCINATION AGAINST SMALLPOX

During the year, 184 children between the ages of 5 and 14 years were vaccinated against Smallpox. Of this number, 54 vaccinations were performed by School Medical Officers and 130 by general medical practitioners.

In addition, 755 children were re-vaccinated, 553 by School Medical Officers and 202 by general practitioners.

VACCINATION AGAINST POLIOMYELITIS

Both Sabin (oral) and Salk (injection) vaccines continued to be available, but the former was the more widely used almost to the exclusion of the latter.

Some 699 children between the ages of 5 and 15 years received primary vaccination during the year and, of these, 441 were dealt with by County Council Medical Officers while the remaining 258 received their doses from General Practitioners.

In addition, a further 3,271 children in the same age group were given fourth (or booster) doses, 2,259 by County Council Medical Officers and 1,012 by General Practitioners.

IMMUNISATION AGAINST TETANUS

Of the 2,315 children who received primary immunisation against tetanus, 2,164 were dealt with by School Medical Officers and the remaining 151 by general practitioners. Of a further 6,979 children who received booster doses of tetanus antigen mainly in conjunction with diphtheria boosters by means of combined vaccines, 5,201 were immunised by School Medical Officers and 1,778 by Practitioners.

HEALTH EDUCATION

During the year in the course of their normal duties, School Medical Officers, Dental Officers and Health Visitors visit schools in the County and give talks on health subjects. Visual aids, films, filmstrips, slides and flannelgraphs, together with leaflets and posters or display panels are available.

The most popular topics have been general health and hygiene, nutrition, teeth, feet, food hygiene and more specialised subjects such as parentcraft, smoking, venereal diseases and safety in the home.

“Learning to Live”.—Programmes on Personal Relationships for adolescents have seen a steady growth in popularity. Where Heads of Secondary Schools have requested sex education programmes, the courses are arranged by Mrs. Jean Owen who is a professional teacher recruited to the staff of the County Health Department for this purpose.

The complete course consists of three visits to each school and Mrs. Owen can call upon a Medical Officer to attend one of the three meetings if requested. Mr. H. Harris continues to assist in the provision of visual aids which may be required for the programme.

One finds that young people have few inhibitions in discussing problems of sexual behaviour and modern morality, provided the adult is prepared to meet them in an equally direct manner.

We hope that the satisfactory response from our young school audiences forecasts a happy maturity which is the main aim of our efforts.

Smoking and Health.—It must be admitted that there is a definite relation between the smoking of cigarettes and the incidence of lung cancer and that tobacco is addictive and not beneficial to health. On these and financial grounds we must advise against the formation of the smoking habit.

Talks with film support are available on request to schools and organised groups, as also are posters and leaflets.

PHYSICAL EDUCATION

The following report has been provided by Mr. J. W. Beswick, Physical Education Adviser:

“Shropshire Schools Field Centre.—The Schools Field and Adventure Centre was again oversubscribed this year, some 8 schools had to be disappointed.

The total attendance this year was 1,300 pupils and staff.

The range of activities undertaken by the schools continues to widen, and on both the field study and adventure sides.

The new buildings were started in October, 1967, and it is hoped to complete these by October, 1968. There will then be opportunity for using the centre for both projects all the year round.

Swimming.—New baths at Newport Junior School, Petton Hall and Bluecoat Junior School were added to the present number. This means that we now use some 26 baths.

In consequence of this, more children have been able to take swimming. L.E.A. awards increased by an extra 22%. A.S.A. survival awards increased by 66% and R.L.S.S. awards by 45%. More baths are proposed to be built in the future.

The two swimming “clinics” held every weekend for elite swimmers continue and are proving their worth by the better performance of county and inter-county level.

Duke of Edinburgh's Award.—The number of new entrants into the scheme this year was 188 boys and 182 girls. Adding these to the pupils already participating would make a grand total of over 2,000 pupils.

153 boys gained awards, 15 of these went to Buckingham Palace to receive the Gold Award. 61 awards were gained by girls, but at the moment none has reached the Gold Stage.

Shropshire School Sports and Athletics Association.—This Association since last year has added to its list one other activity. They now administer some 26 sports and games at area, county, inter-county and national level.

Very many more pupils are now able to compete at high level competition at national and international level.

Physical Education.—Criticism of bare foot work in new halls has practically ceased.

New primary schools have all been fitted with new halls and these have received full equipment for physical education and also acquired changing spaces. This enables a full range of physical activity to take place."

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the School Meals Service are not suffering from, or carriers of, infectious diseases liable to be transmitted by contamination of the food served in the canteens, the medical examination of canteen staffs is carried out at least once a year, and new entrants to the service are examined as soon as possible and also given chest X-ray examinations. They should be examined *before* commencing employment; often the worker's services are urgently required and prior examination is not considered possible, but this is potentially dangerous practice.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other conditions such as eczema or other forms of dermatitis.

If on initial examination an employee is found to have a history or shows symptoms of intestinal disorder, arrangements are made for specimens of faeces, and if necessary urine, to be submitted to the Public Health Laboratory, Shrewsbury, for investigation.

The following particulars give some indications of this work during the year :

KITCHENS AND SCHOOL CANTEENS

Premises		Personnel Employed				
		Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	10	10	28	90	11	139
Self-contained Canteens	155	6	213	633	363	1,215
Canteens for dining only	135	—	—	294	210	504
TOTALS ..	300	16	241	1,017	584	1,858

During 1967 a total of 1,459 examinations of canteen personnel (365 initial and 1,094 re-examinations) was carried out.

In twelve cases it was necessary to arrange for special chest X-ray examinations and the results in eleven cases were satisfactory. In the remaining case the employee was found to be suffering from a cardio vascular lesion and he decided to relinquish his appointment. X-ray examinations are made when the Miniature Mass Radiography Unit is in the area, or can be arranged specially at the request of the Medical Officer.

This scheme has been extended to include personnel engaged in the preparation and handling of foodstuffs at the Boarding Schools and Hostels in the County.

In addition, during 1967 Medical Officers carried out a total of 73 medical examinations of kitchen staff employed in Welfare Homes in the County.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

In 1954 School Medical Officers completed comprehensive inspection reports on all the school premises in the county, making notes on the sanitary arrangements, water supply, washing accommodation, canteens, heating, lighting and ventilation. On the occasion of each annual routine medical inspection the premises are re-inspected and matters which require attention or investigation are referred to the Chief Education Officer with a view to their being dealt with by the Education Works Committee.

GENERAL

Meals.—School canteen meals are available at 1/- per head (free in necessitous cases) for one hundred per cent of children attending school; 81.9 per cent were having school dinners at a census taken in September, 1967; in September, 1966, the figure was 78.1 per cent.

Milk.—Milk is supplied free of charge in all schools and a census taken in September, 1967, showed that 72.7 per cent of the children were drinking it.

Quality of Milk Supplies.—As far as possible only Pasteurised Milks are supplied; of a total of 281 departments in maintained schools, 280 had pasteurised supplies and 1 an untreated supply in 1967.

Investigation of Milk Supplies.—The County Public Health Inspectors are responsible for the supervision of school milk supplies and samples for testing are obtained by Sampling Officers of the County Health Department. Methylene Blue colour tests to determine the keeping quality and, in the case of Pasteurised milk, Phosphatase tests to determine whether the milk has been properly processed, are carried out on milk from each supplier at regular intervals.

The table below gives the results of the examination of samples taken during 1967:

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory*	Void†	Satisfactory	Unsatis.
Pasteurised	156	139	7	10	156	—
Untreated	6	6	—	—	—	—
TOTAL ..	162	145	7	10	156	—

*In the cases of the samples failing the Methylene Blue Test follow up samples were taken, and these proved to be satisfactory.

†Methylene Blue Tests are declared void when the atmospheric shade temperature exceeds 65°F. during storage in the laboratory.

Medical Examination of Prospective Teachers.—During 1967, the medical staff of the School Health Service examined 370 candidates for entry to the teaching profession.

STATISTICAL TABLES

(i.e. as submitted to the Department of Education and Science on Form 8.M)

TABLE I (A) PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of pupils inspected (nutrition)		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-satisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1963 and later ..	55	55	—	—	—	—
1962	1,632	1,632	—	19	33	41
1961	2,176	2,176	—	43	43	86
1960	472	472	—	8	19	22
1959	167	167	—	8	8	15
1958	130	130	—	3	5	7
1957	119	119	—	3	2	5
1956	514	514	—	21	19	37
1955	1,397	1,397	—	50	72	112
1954	940	940	—	41	43	80
1953	1,139	1,139	—	60	59	109
1952 and earlier ..	1,485	1,485	—	65	82	141
TOTAL ..	10,226	10,226	—	321	385	655

NOTE: (i) Routine medical examinations are normally carried out on entry to school, at 11 years of age and again at 14 years.

(ii) Columns 5, 6 and 7 relate to individual pupils and not to defects. Consequently the total in column (7) is not necessarily the sum of columns (5) and (6).

(B) OTHER INSPECTIONS

Special Inspections	1,767
Re-inspections	9,071
	<u>10,838*</u>

*In addition to those inspected a total of 3,139 pupils in 7 year old group were given Vision tests. Of this total, 61 were recommended for treatment and 172 for observation.

Also approximately 1,000 visits per annum are made by School Medical Officers to the homes of handicapped pupils for special examination, re-examination and parent guidance purposes, etc.

(C) INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	91,715
(2) Total number of individual pupils found to be infested	696
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	27
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	23

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1967
PERIODIC AND SPECIAL INSPECTIONS

TABLE II

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total		Special inspections	
		Requiring:		Requiring:		Requiring:		Requiring:		Requiring:	
		Treat- ment (3)	Obser- vation (4)	Treat- ment (5)	Obser- vation (6)	Treat- ment (7)	Obser- vation (8)	Treat- ment (9)	Obser- vation (10)	Treat- ment (11)	Obser- vation (12)
(1)	(2)										
4	Skin	11	157	54	79	60	96	125	332	38	39
5	Eyes (a) Vision	62	651	125	461	134	542	321	1,654	26	118
	(b) Squint	20	151	2	29	13	56	35	236	7	24
	(c) Other	—	26	2	13	4	18	6	57	2	10
6	Ears (a) Hearing	6	214	8	54	1	140	15	408	13	92
	(b) Otitis Media	2	180	4	27	1	75	7	282	1	36
	(c) Other	1	66	1	19	2	25	4	110	2	21
7	Nose or Throat	7	534	13	85	27	215	47	834	1	139
8	Speech	8	122	3	11	4	33	15	166	12	32
9	Lymphatic Glands	—	218	—	13	—	61	—	292	—	48
10	Heart	1	60	2	34	—	52	3	146	—	13
11	Lungs	2	175	4	49	2	83	8	307	—	32
12	Development:										
	(a) Hernia	3	31	1	—	—	5	4	36	1	1
	(b) Other	2	92	1	23	5	63	8	178	2	21
13	Orthopaedic:										
	(a) Posture	—	49	3	16	2	29	5	94	—	13
	(b) Feet	6	193	8	72	13	108	27	373	3	42
	(c) Other	2	144	9	33	8	72	19	249	1	34
14	Nervous System:										
	(a) Epilepsy	—	17	3	8	2	11	5	36	2	12
	(b) Other	—	23	2	4	1	18	3	45	—	17
15	Psychological:										
	(a) Development	—	61	5	28	9	79	14	168	3	131
	(b) Stability	1	53	3	37	1	91	5	181	1	100
16	Abdomen	4	90	6	34	1	43	11	167	1	18
17	Other	—	31	7	48	12	49	19	128	2	22

TABLE III

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	20
Errors of refraction (including squint)	4,336
TOTAL ..	4,356
Number of pupils for whom spectacles were prescribed	4,216

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases dealt with
Received operative treatment:	
(a) for diseases of the ear	27
(b) for adenoids and chronic tonsillitis ..	435
(c) for other nose and throat conditions ..	17
Received other forms of treatment	44
TOTAL ..	523
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1967	21
(b) in previous years	232

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	229
Number of pupils treated at school for postural defects	2
TOTAL ..	231

(D) DISEASES OF THE SKIN (excluding Uncleanliness, for which see Part C of Table I)

	Number of defects treated or under treatment during year
Ringworm: (i) Scalp	5
(ii) Body	12
Scabies	41
Impetigo	21
Other skin diseases	52
TOTAL ..	131

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	592
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(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	587
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(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(a) Miscellaneous Minor Ailments	74
(b) Pupils who received convalescent treatment under School Health Service arrangements	20
(c) Pupils who received B.C.G. Vaccination ..	3,006
(d) Other treatment given:	
Appendicitis	9
Asthma	20
Bronchitis	8
Cardiac Conditions	7
Diabetes	10
Encephalitis	1
Epilepsy	11
Hernia	12
Meningitis	3
Nephritis	7
Osteomyelitis	1
Pneumonia	4
Rheumatism }	6
Rheumatic Fever }	
Tubercular Conditions	14*
Miscellaneous	297
TOTAL (a) — (d) ..	3,510

*Of this total 12 were attendances at Chest Clinic for "check up"

